

Vocational Performance Rating Report Definitions

ATW	Able to Work
AVG CACO	Average Complexity Adjusted Cost / Outcome Determined by the average CACO of all referral closures by that provider within the reporting period.
BR	Branch – Many providers have more than one office. This denotes which one is measured on the report.
CACO	Complexity Adjusted Cost / Outcome A lower number generally indicates less cost and/or shorter duration.
Completions	<p>The number of vocational referrals showing as being closed during the sample period.</p> <p>EI – Early Intervention AWA – Ability to Work Assessment Dev – Plan Development IMP– Plan Implementation</p> <p>FEE CAP – Number of referrals that reached the cap on total vocational counseling expenditures for the referral. Determined by billing data, not by CM outcome. Fee Cap outcomes may occur in any of the referral types.</p>
Completion Percentages	<p>The percentage of closures within each outcome category:</p> <p>RTW - Return To Work ATW – Able to Work FSA – Further Services Appropriate FSNA – Further Services Not Appropriate ADMIN - Referral closed for administrative reasons</p>
Complexity Adjusted Cost Outcome (CACO)	<p>The sum of the total fees the department paid to the provider and the duration (converted to dollars), divided by the outcome value. Cost and/or Duration may be adjusted for difficulty factors if the closure costs or duration exceed the statewide average for cost or duration by at least 1 standard deviation.</p> <p>Formula:</p> $\frac{(\text{Voc Costs} - \text{Cost Adjustment}) + (\text{Duration} - \text{Duration Adjustment})(\$ \text{ Conversion})}{1.5 \text{ if RTW, .75 if Fee Cap, Else } 1.0}$ <p>Refer to Provider Bulletin 01-04 for details and examples.</p>

Difficulty Adjustment	<p>Adjustments for referral difficulty are made if referral costs and / or duration exceed the statewide average for cost or duration by at least 1 standard deviation.</p> <p>The total fees paid by the department to the provider during the life of that referral are included in the calculation for cost. These include all costs paid under 0800V, 0801V, 0810V, 0811V, 0821V, 0823V, 0824V, 0830V, 0831, 0840V, 0841V, 0852V, 0853V, 0891V, 0892V, 0893V, 0894V, 0895V.</p>
Difficulty Factor Adjustment	<p>Deduction from the cost or duration variables used when applicable to calculate an individual referral CACO.</p> <p>When a closed referral exceeds the cost or duration threshold (1 standard deviation above the statewide average), the number of difficulty factors for that referral type is identified. The percentage of difficulty factors multiplied by the standard deviation is subtracted from the cost or duration.</p> <p>Formula:</p> $\frac{\text{Number of Difficulty Factors}}{\text{Total \# of Difficulty Factors for Referral Type}} \times \text{Standard Deviation}$
Difficulty Factor(s)	<p>Case attributes, which through statistical analysis, have shown to correlate with exceptionally high vocational costs or longer referral duration. The factors vary by referral type.</p> <p>Intervention Duration Difficulty Factors (10): Referral > 180 days since date of injury Claimant Age > 44 Multiple Referrals Time Loss Rate > Wages Pain Clinic Psychological Issues Language Chemical Dependency Rural County Multiple Injury Natures</p> <p>Intervention Cost Difficulty Factors (7): Time Loss Rate > Wages Pain Clinic Psychological Issues Language</p>

	<p>Chemical Dependency Rural County Multiple Injury Natures</p> <p>Plan Duration and Cost Difficulty Factors (5): Time Loss Rate > Wages Pain Clinic Psychological Issues Language Chemical Dependency</p>
Duration	<p>The number of days the referral is open, from the date the CM made referral through the referral completion date.</p> <p>The referral completion date is determined by:</p> <ul style="list-style-type: none"> • The VRC's Voc Link recommendation date and the CM's outcome determination when the CM closes the referral. • The CM's closure date and outcome if the VRC has not made a recommendation on Voc Link.
FSA	Further Services Appropriate
FSNA	Further Services Not Appropriate
Provider	Per WAC 196-19A-010, a provider is any person, firm, partnership, corporation, or other legal entity that provides vocational rehabilitation services to industrially injured or ill workers, pursuant to RCW 51.32.095. A provider must meet the qualifications in WAC 296-19A-210.
Provider ID	Provider's service number (not payee)
RTW	Return to Work
SEM	Standard Error of the Mean
SEM Score	Numerical representation of provider's performance in relationship to other providers in the same service location. Refer to PB 01-04 for calculation details.
SEM Status	Eligibility for receiving referrals from claim managers. Status will be either E – Eligible, or C – Conditional, depending on SEM Score. Conditional providers may still receive referrals but CMs must document the need to refer to that specific provider.
Service Location (SL)	Regional designations. To expedite direct services, referrals (except those made for forensic services) are made within these regional service areas. Please see http://www.wa.gov/lni/home/inyourcom.htm for a list of the service locations. The Performance Rating Report lists providers separately for each service location. Providers may work in more than one service location.
Standard Error of the Mean (SEM)	Statistical method to show differences within a population and population subsets. For performance rating calculations, click

	here for the SEM formula. (<i>NEED A LINK</i>)
Status	Refer to SEM Status .